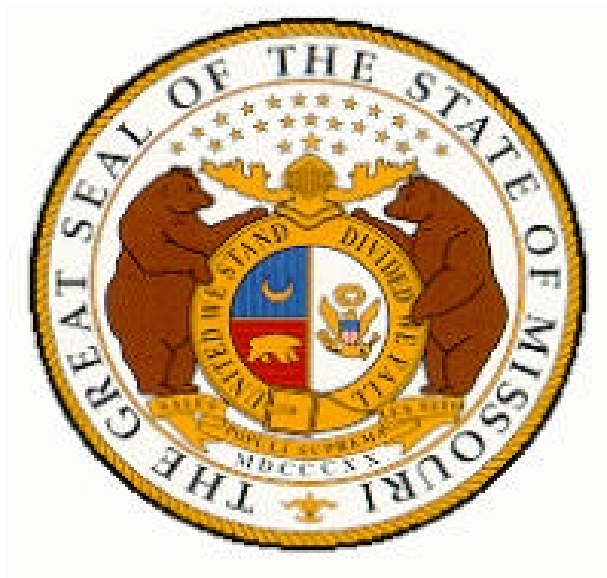


POLICIES AND PROCEDURES MANUAL

40th Judicial Circuit McDonald County Family Drug Court

Pineville, Missouri



FAMILY DRUG COURT

FOURTIETH JUDICIAL CIRCUIT

McDONALD COUNTY, MISSOURI

I. Introduction

The traditional adversarial system of justice has not been totally effective in addressing alcohol and other drugs of abuse. Traditional prosecutorial and defense functions, coupled with standard court procedures, often reinforce the offender's denial of a substance abuse problem. In addition, the traditional dependency court system of case review occurs with less frequency. The intensity and collaborative nature of the Family Drug Court Model is described as follows.

The Family Drug Court (FDC) model transforms the roles of both the juvenile justice practitioners and the substance abuse treatment providers. The judge is the central figure in the team effort focusing on sobriety, lawful behavior, and accountability as the primary goals. As a result, the judge takes on a major role--keeping clients engaged in treatment. Providers can then focus effectively on developing a therapeutic relationship with the client. Finally, the treatment providers keep the court informed of each client's progress so that incentives and sanctions can be provided.

The Family Drug Court creates an environment with clear and concise rules. Each client's performance is immediately and directly communicated to the judge who, in turn, provides incentives for progress or applies sanctions for noncompliance. The Family Drug Court establishes an environment the client understands; a system in which clear choices are presented and individuals are encouraged to take control of their own abstinence and recovery.

The Family Drug Court operates a coordinated, systemic approach to the substance abuser via comprehensive and inclusive planning; including an avenue for data collection and program evaluation.

II. Mission and Goals

Mission:

To provide judicially managed community-based services, close supervision and specialized treatment to parents and juveniles whose substance abuse places their children or themselves at risk of substantially increased intervention by the justice system.

Goal:

To stop substance abuse by parents which threatens the safety and permanency of their dependent children.

III. Eligible Cases**A. Child Dependency and Child Endangerment/Criminal Cases**

Cases assigned to the Family Drug Court may consist of:

1. Child Dependency (Abuse/Neglect Civil Cases)

Any case filed pursuant to child abuse/neglect statutes wherein parental substance is the primary or underlying cause for the neglect or abuse of the child.

2. Child Endangerment/Criminal Cases (Diversion)

Criminally-filed child endangerment cases in which the defendant/mother has had a drug-exposed infant with the mother or baby testing positive for any abused substance at the child's birth, or; Felony DWI, Felony endangerment

IV. Methodology**A. Family Drug Court Treatment Team**

The Family Drug Court consists of a core group of people, which includes the Judge, Drug Court Administrator, Prosecuting Attorney, Parent's Attorney, Guardian Ad Litem, Treatment Provider, Division of Family Services and Juvenile Officers and the Evaluator.

B. Key Components:**1. Integration of substance abuse treatment services with justice case processing.**

The multi-phased treatment process includes a collaborative team-approach which involves the above-listed team and may additionally include state and local level organizations representing substance abuse services, vocational rehabilitation, education, housing providers all having important roles to play.

2. Use a non-adversarial approach. Prosecution and parent's counsel promote public safety while protecting clients' due process rights.

The Juvenile Office and the Prosecuting Attorney will participate in the screening, eligibility, and case processing to guarantee that due process rights and public safety needs are served.

“Juvenile Office” Reviews the case and determines client's initial eligibility for the program.

“Parent's Attorney” Reviews the charges, arrest warrant, affidavits, other relevant information, and reviews all program documents (e.g., waivers, written agreements etc.). Advises the client as to the nature and purpose of the Family Drug Court, the rules, incentives and sanctions governing participation, and further informs the client that s/he is expected to speak directly to the judiciary, not through their attorney.

3. Eligible clients are identified early and promptly placed in the family drug court.

The period immediately after charges are filed provides a critical window of opportunity for intervention by introducing the value of substance abuse treatment. Judicial action promptly after filing capitalizes on the crisis nature of having charges filed. It is critical that the referral to the Family Drug Court be immediately followed by a court appearance in order for the intervention to become effective.

- A. Eligibility screening is based on established written criteria.
- B. Eligible clients for drug court are promptly advised about the drug court program requirements and the relative merits of participating.
- C. Trained professionals screen drug court eligible individuals for substance abuse problems and appropriateness for treatment.
- D. Initial appearance before the drug court judiciary occurs immediately after referral to ensure program participation.
- E. Eligible clients are immediately enrolled in substance abuse treatment services.

4. Provides access to a continuum of substance abuse and other related treatment and rehabilitation services.

Substance abuse problems are complex and unique to each individual and influenced by a variety of accumulated bio-psycho-socio-cultural experiences. This model uses a holistic approach to the client and family treatment plan strategies, which incorporate medical and mental health, housing, vocational, family, and legal issues.

- A. Clients are initially screened and re-assessed by both the Family Drug Court and treatment providers.
- B. Treatment services are comprehensive and provide: Individual and Group Counseling, Relapse Prevention, Self-Help Groups, General Health and Nutrition Education, Parenting Skills, Domestic Violence Education including Treatment for Batterers and treatment for long-term effects of childhood physical and sexual abuse.
- C. Treatment services are accessible.
- D. Treatment service providers are accountable.

5. Frequent urinalysis testing monitors abstinence.

Urinalysis testing is essential in monitoring client compliance. It is an accurate, cost-effective, objective and efficient way to establish a framework for accountability and to gauge each client's progress.

6. A coordinated strategy governs Family Drug Court responses to clients' compliance.

The ultimate goal of the Family Drug Court is not only abstinence from substance abuse but reunification of the family unit.

Continuing substance abuse is not condoned, although it is recognized that relapse is a part of the recovery process. Sanctions are imposed for continued substance abuse and increase in severity for continued non-compliance.

Incentives for cooperation and abstinence are equally important and are structured into the system of responses. Graduation ceremonies will also take place upon completion of the program.

7. Ongoing judicial interaction with each client is essential.

The judiciary is the leader of the Family Drug Court team, linking clients to substance abuse treatment and to the justice system.

- A. Regular status hearings are used to monitor client performance.
- B. Appropriate incentives and sanctions are applied to match the clients' treatment progress.
- C. Payment of fees, fines and/or restitution, may be part of the clients' treatment.

8. Monitor and evaluate the achievement of program goals and gauge effectiveness.

Data collection is automated and designed to monitor activities, evaluate the quality of services provided and produce outcome evaluations.

9. Continuing interdisciplinary education promotes effective family drug court planning, implementation and operations.

The Family Drug Court provides and makes accessible education and training to ensure the drug courts' goals and objectives are understood by the drug court team, and by those indirectly involved in the program.

10. Collaboration among the Family Drug Court, public agencies, and community-based organizations generate local support and enhances Family Drug Court effectiveness.

The Family Drug Court, as part of the justice system, has developed collaborations among private and public community-based organizations, public criminal justice agencies, law enforcement, and substance abuse treatment delivery systems. Forming such collaborations has expanded the continuum of services available to Family Drug Court clients and informed the community about the Family Drug Court concepts.

**CHILD DEPENDENCY AND
CHILD ENDANGERMENT/CRIMINAL CASES**

Screening and Eligibility

1) Screening Process—The process of cases will begin at three possible points of intervention.

- a) **Newborn Crisis Assessments**—A medical social worker, nurse or physician activates a Newborn Crisis Assessment (NCA) request by calling the State of Missouri Child Abuse Hotline when an infant tests positive for an illicit drug at delivery, a mother tests positive for an illicit drug at delivery or a physician has reason to believe there are serious risk concerns for the infant due to illicit drug use by a parent. This assessment request is treated in an emergent manner and response is timely. After DFS is notified, the assigned worker contacts the Juvenile Office and speaks with the assigned Juvenile Officer regarding the case in question. The DFS investigator and the Juvenile Officer respond to assess imminent danger for the child/children. The average assessment is completed within 24 – 36 hours after delivery of the infant. The assessment tool is a local document. The assessment tool addresses the following: family composition, prenatal care, paternity, pregnancy complications, physical, emotional and intellectual functioning of the parent(s), attachment and bonding, parenting skills and sibling assessment, prior history of abuse and neglect, planning/preparation for the infant's birth/hospital discharge, behavior associated with drug and alcohol use, criminal history, mother and infant's toxicology at birth, infant's withdrawal signs or medical complications, special health care needs of the infant, family supports, condition of the home, history of domestic violence, other agency involvement, other concerns/strengths, safety plan and a recommendation for disposition/placement. The assessor often has facilitated an assessment appointment for the potential client at a treatment facility prior to discharge from the hospital. If it is determined that drugs have a negative impact on the family in anyway, that family will be referred to Family Drug Court by the Juvenile Officer. This is done by filling out the Initial Eligibility form and presenting it to the FDC Administrator and Team.

The team will review the completed assessment. If this review is found appropriate (and if there is available space), the case is put on the docket for the initial detention hearing. A petition (and temporary custody disposition) is completed and filed. The hearing is scheduled to occur within seven to ten days. An attorney is assigned. Other procedures (e.g., 72-hour meeting for children placed in protective custody outside the home) are scheduled and appropriate parties are notified.

- b) **Other Child Dependency Cases**—If a Hotline call alleges parental substance abuse or neglect due to parental substance abuse, and the family requires Court intervention to protect the welfare of the child/children in the family, the acting Juvenile Officer will at that point do an Initial Eligibility Screening form and send it to the Drug Court Administrator who will present it to the team for review. The case must meet the requirements of Section 211.031.1 RSMo.

2. Eligibility—There are two phases of eligibility: Program and Clinical.

Program eligibility: A participant must meet the following criteria:

- Participant must be 17 years of age or older.
- Participant must have a substance abuse problem which affects his/her parenting skills.

Case Processing—The following persons will be given a copy of the referral and petition:

1. Office of the Guardian Ad Litem (GAL)

The GAL will be apprised of any significant medical, physical or emotional needs of the child(ren) in question. The GAL will be notified of any changes in the condition of said child(ren). The GAL will make every effort to attend any special meetings relating to the child(ren).

2. Parent's Counsel

The assigned attorney will make contact as soon as possible after case assignment, either by telephone or in person. The attorney will answer questions about the legal process and case progress in a timely fashion. The assigned attorney will review the client packet with the client. The attorney will insure that treatment releases of information are signed. If a participant should choose to hire private counsel, the attorney shall enter a record of appearance and follow the established protocol of the FDC team when reviews are held.

TREATMENT

The participant will sign a release of information for the Family Drug Court team to receive and exchange information relating to the initial assessment and any contact thereafter, including urinalysis reports. The participant will attend any and all assessments, in or out patient programs, and any outside meetings as ordered. The FDC will consider the participant's level of cooperation, history of usage and geographic location of residence if a request for a change in treatment location is raised. The primary treatment resource of the FDC is Lafayette House. This or any other treatment facility will develop a substance abuse treatment plan, subject to the acceptance of it by the FDC team. The treatment facility will keep the FDC informed of the participant's progress or lack thereof, which will include attendance, level of cooperation, results of urinalysis and any concerns regarding parenting or the welfare of any children in the custody of participant. The primary treatment center will provide a designated worker who routinely participates in the FDC staffings. This worker or the agency's staff will be familiar with the participants' progress in treatment and also will notify the Program Administrator of any significant issues outside of the regularly scheduled Court hearings.

The participants may be participating in various levels of treatment if the facility is a Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) program. The provision of childcare and therapeutic interventions/activities for children, in addition to treatment for the mother, is part of the services provided. Since the inception of this program, Lafayette House has been the primary referral source. Priority is given to FDC clients in terms of timely assessments and access to begin outpatient or enter in-patient treatment. Out patient treatment can be accessed within 24-48 hours and in patient treatment is usually accessed with one to two weeks of referral. If a client is in need of in patient care, the client attends treatment seven days a week.

The levels of treatment below identify the suggested choices based on the provider assessment and/or the recommendation of the FDC team.

Level I Residential Treatment. Client needs continuous structure, supervision and treatment to achieve and maintain sobriety or access to outpatient primary treatment on a nonresidential basis is not available due to distance and lack of transportation. Client meets all criteria for

1) Level I Outpatient Primary Treatment admission and the following conditions:

- a) A current living environment, which places the client in imminent danger and precludes the client's ability to participate in and benefit from Primary Outpatient Treatment.
- b) An immediate need for twenty-four (24) hour supervision, structure, and support related to the client's current emotional and behavioral status.
- c) A current demonstrated inability to significantly reduce and alter substance use patterns despite regular participation in nonresidential primary treatment.
- d) Access to Primary Treatment on a nonresidential basis is not available due to distance and/or a lack of transportation.

2) Level I Outpatient Primary Treatment—Client needs daily or almost daily structure, supervision, and treatment to achieve and maintain sobriety. Specifically, admission shall be based on:

- a) Evidence client cannot control chemical use without close monitoring and structured support.
 - b) Need for daily or almost daily treatment services.
- 3) Level II Outpatient/Rehabilitation Treatment—Client is not in crisis but needs active participation in rehabilitation program to initiate or sustain recovery. Specifically, admission shall be based on:
- 4)
 - a) Ability to limit substance use and remain abstinent without close monitoring and structured support.
 - b) Absence of a crisis that cannot be resolved by community support services.
 - c) Evidence of willingness to participate in the program, keep appointments, participate in self-help, and
 - d) Willingness, as clinically appropriate, to involve significant others in the treatment program, such as family, employer, parole officer, etc.
- 5) Level III Outpatient/Supported Recovery Services—Client has support system for recovery or has completed Level I or Level II treatment. Specifically, admission shall be used on:
 - a) Abuse diagnosis or dependence diagnosis in remission.
 - b) Evidence of a desire to participate fully in the treatment regimen and maintain a drug-free lifestyle.
 - c) Adequacy of resources to support self in the community.
 - d) Absence of a crisis that cannot be resolved by community support services.
 - e) Lack of a need for intensive or structured treatment.
 - f) Involvement in the community, such as family, church, employer, and
 - g) Presence of an appropriate substance-free support structure in the community.
- 5) Clinical review process--CSTAR clients who do not meet initial admission criteria for a particular level of care but wish to participate in a particular level due to individual circumstances shall be reviewed by the program manager and if approved, their request sent to clinical review for final approval.

An aftercare plan is an integral part of the treatment process. The decision to release the client from FDC is based on the establishment of aftercare and indicators the client is in compliance.

URINALYSIS

The Family Drug Court will follow established protocols regarding urinalysis.

- Participants tested will be judicially ordered to submit urine specimens at various times throughout the process. These are ordered randomly. Frequency is directly correlated to consistent treatment attendance, noted changes in affect and physical appearance, and level of cooperation. The usual schedule is a baseline specimen upon entry into the program. Thereafter, each case is individually assessed to determine the need for analysis, following the guidelines of a level system, which is addressed in another section. For example, if a marijuana user has tested negative for four consecutive analysis and is cooperating with the

case plan (e.g., attending treatment, coming to court reviews etc.), testing would occur at least monthly. Conversely, if a participant inconsistently attends treatment, misses court reviews and or avoids contact with case manager, testing will be increased.

- Positive analysis will result in a revised treatment plan, which may include residential treatment, intensive outpatient, 90 meetings in 90 days, removal of children from participant's custody, or other actions deemed appropriate by the Judiciary or a consensus of the team.
- Processing and collection of the analysis must follow procedures, which establish a proper "Chain of Custody." Chain of Custody is defined as the "one who offers evidence in Court must be able to account for the custody of the specimen from the moment it is obtained to the time it is presented as evidence in Court."

- 1) Judicial order must be in effect.
- 2) Collection is done in private on site, at home, school or employment by a same gender case manager or other Court personnel. Direct observation will be utilized if there is suspicion the participant may attempt to tamper with the specimen.

Positive results notification will occur within 72 hours after the results are received. The case manager will notify the participant by telephone directly, before a court review or by letter to the last known address.

SCHEDULE OF URINE DRUG TESTING

Randomness is key. Testing must not be predictable to the client.

- Baseline test for all clients.
- In patient clients—On suspicion or after weekend passes
- Out patient clients—Utilize level system as follows:
 - a) **Level I treatment** (daily treatment or 3-4 times per week): 1 time per week depending on drug of choice, cooperation, participation in treatment (except for marijuana only use, then test every two – three weeks).
 - b) **Level II treatment** (2-3 days of treatment per week): 1 time every other week depending on drug of choice, cooperation, participation in treatment (except for marijuana only use, then test every two – three weeks).
 - c) **Level III treatment** (1 day of treatment per week): 1 time per month depending on drug of choice, cooperation, and participation in treatment.

Other issues to consider:

- Admission by the client. Document and do not test unless drug of choice has changed (e.g., formerly cocaine and now marijuana).
- Submit every third UA for appropriate processing in order to maintain the true randomness of the process.

STATUS REVIEWS/STAFFINGS

The Family Drug Court team (Judge, case manager, program administrator, GAL, parent's attorney, treatment representative, DFS worker, Juvenile Officer, community or program representative) will meet prior to the review for the purpose of reviewing the participant's progress in treatment and other services, results of urinalysis, level of cooperation and the welfare of the child(ren). Team members will have an opportunity to present information regarding the participant. The team will then develop a recommendation.

Frequency of hearings: This is tied directly to the level of treatment:

- 1st Phase: Weekly hearings
- 2nd Phase: Bi-Monthly hearings
- 3rd Phase: Monthly hearing

If the client presents new information during the review process, any team member may request a brief recess to reassess implementing a new recommendation or utilizing the recommendation the team had formulated during the staffing. The purpose of the recess is to insure the team has weighed the new information against the information obtained in the staffing. Changing the team recommendation should be carefully reviewed in order to maintain the team concept. However, the Judge is the final decision-maker.

SANCTIONS

Violations of the Court's order, which would include positive urinalysis, failure to attend treatment, no-show at Court hearings, failure to cooperate with home visits, missed visits with children unless excuse is honored by the team, or other specific violations will result in a graduated system of sanctions and include: incarceration, community service, home detention, electronic monitoring, change in contact with children, written essays, attendance at educational programs, return to a previous phase of the program and any other sanction deemed appropriate.

REWARDS

Recognition and/or a tangible reward will be offered to clients who are in compliance with the Court order and following the treatment plan. Examples are as follows: verbal recognition from the bench, decreased court attendance, and rewards contributed by the community

GRADUATION REQUIREMENTS

The Family Drug Court team reviews cases considered for graduation based on the established phase criteria (see phase description). If the client has achieved the status of phase four and completed tasks to the satisfaction of the team, the client would then be eligible for graduation. The following criteria is standard for the successful participant:

- 12 months minimum in Family Drug Court
- Successful discharge from a substance abuse treatment program
- Documented consistent attendance at a 12 step aftercare program or community based support program
- Stable housing is attained (e.g., transitional or drug-free)
- Restitution issues resolved (e.g., Court costs, community service)
- Outstanding warrants resolved
- Established support system and relapse management plan in place
- Life plan initiated and in place (e.g., employment, education, vocational training)

Family Drug Court

Program Rules

As a Family Drug Court participant, you will be required to abide by the following rules:

- 1. Do not use or possess any drugs or alcohol.** Sobriety is the primary focus of this program. Maintaining a drug free lifestyle is very important in your recovery process. Carefully choose the people with whom you associate.
- 2. Attend all ordered treatment sessions.** This includes individual and group counseling, educational sessions and 12-step meetings. If you are unable to attend a scheduled session, you **MUST** contact your treatment counselor **BEFORE** a session is missed.
- 3. Report to your Case Manager as directed.** If you have any problems making an appointment, contact your case manager immediately. This is especially important for requested urinalysis.
- 4. Be on time.** It is very important to be on time. If you are late, you will need to discuss with you counselor or case manager the reasons for being late and the possibility of rescheduling. Contact your treatment counselor if there is a possibility you may be late.
- 5. Do not make threats toward other participants or staff or behave in a violent manner.** Violent or inappropriate behavior will not be tolerated and will be reported to Court. This may result in termination from the Family Drug Court Program and charges may be filed.
- 6. Dress appropriately for Court and treatment sessions.** You will be expected to wear a shirt or blouse, pants, dress, or skirt of a reasonable length. Clothing bearing drug or alcohol related themes or promoting or advertising alcohol or drug use or violence is considered inappropriate. Men should remove hats or other head/hair covering before entering the Court. Sunglasses are not to be worn inside Court or treatment center unless medically approved and verified. Speak with your case manager or treatment contact if you need assistance with clothing.
- 7. Always tell the truth.** This value will be upheld. Withholding information is the same as a lie. Rebuilding credibility takes a long time after losing it. Please know almost 100% of the lies, which are told, are discovered.

When in doubt about a rule, consult with your attorney and/or case manager before making a mistake, which has serious consequences.

NOTICE TO FAMILY DRUG COURT PARTICIPANTS

You have been selected to participate in the Drug Court Program. This Court's primary focus is to insure the safety and wellbeing of your child(ren). This program is designed to assist you in overcoming any substance abuse problems, which you may have as well as providing other services to enable you to better care for your child(ren). As a result of your participation in this program, you will have certain obligations and responsibilities and will have to follow the orders of the Court:

YOU WILL BE REQUIRED TO:

1. Remain Drug Free.
2. Tell the truth.
3. Follow all Court rules and orders.
4. Attend all Court sessions as ordered.
5. Follow all rules, regulations and procedures of the Lafayette House or other substance abuse treatment to which the court refers you.
6. Participate in and cooperate with all assessments, evaluations and treatment programs.
7. Keep all assessment and treatment appointments.
8. Submit urine samples for testing upon request.
9. Cooperate and maintain contact with your case manager and DFS Social Service Worker.
10. Will sign a release of information to Family Drug Court Team.

The Court has the power to enter orders in your case, which, among other things, may:

1. Remove your children from your custody and place them in an alternative placement;
2. Order you to participate in treatment which may include both inpatient and/or out-patient programs; or
3. Restrict your contact with your children.

If you are terminated from the Drug Court Program for lack of participation or for non-compliance, your case will be transferred out of the Drug Court Program and your failure to complete the Drug Court Program may be used against you in any further proceeding including a proceeding to terminate your parental rights.

If you are unsuccessfully terminated from the Drug Court Program and you are in the Criminal Diversion Program, you will be prosecuted on the criminal case(s) pending against you.

You are entitled to legal representation in the Drug Court and if you cannot afford a lawyer one will be appointed for you at no charge;

I have read and understand the foregoing Notice to Drug Court Participants.

DATE

PARTICIPANT'S SIGNATURE

FAMILY DRUG COURT INITIAL ELIGIBILITY SCREENING

Criminal/Child Dependency Cases

Parent: _____ Child's Petition Number _____

D.O.B _____ Child's Name: _____

Charges: _____

STEP ONE (PRESUMPTIVE QUALIFYING INDICATORS):

1. Criminal Cases

- _____ An individual charged with any of the following offenses:
- _____ Possession or Attempt to Possess a Controlled Substance
 - _____ Fraudulent Prescriptions
 - _____ Possession of Narcotic Paraphernalia
 - _____ Prostitution
 - _____ Non-drug, non-violent property offenses with indication of drug use
 - _____ Child Endangerment involving parental substance abuse, excluding operation of meth lab
 - _____ Other: _____

2. Child Dependency Cases

- _____ Parent has given birth to a drug-exposed infant or the infant has been perinatally exposed to drugs.
- _____ **PLEASE CHECK IF THIS IS THE SECOND OR SUBSEQUENT DRUG EXPOSED INFANT**
- _____ **Number of prior exposed infants** _____ **Mother's Drug of Choice** _____
- _____ Parent has neglected/abandoned child and there are allegations of substance abuse.

Both Cases:

- _____ The individual tests positive for drugs at the time of arrest
- _____ The individual states to the police that he/she is a drug user at time of arrest
- _____ The individual's family, friends, attorney, and etc. state that he/she is a drug user

STEP TWO (PRESUMPTIVE DISQUALIFYING INDICATORS):

- _____ The individual is not a resident of McDonald County, Missouri
- _____ The individual is charged with a violent offense, crime against person or displayed a weapon during the offense
- _____ The individual is charged with Trafficking Drugs or Sale of controlled Substance within 1,000 Feet of School, Manufacture or Attempt to Manufacture Methamphetamine, or Possession of a Controlled Substance with Intent to Distribute, Deliver or Sell
- _____ The individual is currently under state or federal probation or parole supervision
- _____ The individual is charged with three or more felony counts
- _____ The individual has been convicted of, or charged with, Murder First or Second Degree, Voluntary or Involuntary Manslaughter, Robbery First Degree, ACA, Assault-First or Second Degree, Felony Weapons Offenses (over two if misdemeanors), Forcible and Statutory Rape, Forcible and Statutory Sodomy, Child Sexual Abuse, Arson First Degree, Felony Child Abuse
- _____ The individual has another charge pending on which he/she would be deemed ineligible
- _____ The individual has a substantiated hotline for what would be felony child abuse
- _____ The individual is less than 17 years of age.
- _____ Other: _____

_____ ELIGIBLE FOR CONSIDERATION _____ INELIGIBLE FOR CONSIDERATION

Preparer's Signature _____ Date _____

PROGRESS REPORT
McDONALD COUNTY FAMILY DRUG COURT

Client: _____ JU#: _____
Child (ren)'s Name: _____
Date: _____
Current Level: _____
Employment: _____

Urinalysis	Scheduled	Completed	Missed	# of Positive	# of Negative

Team Notes:

Treatment: _____

Juvenile Officer: _____

DFS: _____

GAL: _____

Team Recommendations: _____

Court Actions: _____

Next Court Date: _____

Guardian Ad Litem	_____	Date _____
Deputy Juvenile Officer	_____	Date _____
Counselor	_____	Date _____
Case Manager	_____	Date _____
DFS Worker	_____	Date _____
Court Administrator	_____	Date _____

Family Drug Court: Phase Description

Phase	Goals	Expectations	Requirements for Advancement
Phase 1	<p>Drug and alcohol assessments. Enrolled and participating in treatment. Detoxification and abstinence. Psychological assessment (as required). Psychiatric evaluation (as required). Assessment of parenting skills (as required). Assessment/referral for other services (as required). Assessment of children's needs. Attend AA/NA groups. Assess permanency needs (as necessary). Initial plan to stabilize lifestyle, housing, and employment.</p>	<p>Weekly court appearance. Attend treatment consistently. Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness) Cooperate with case manager. Cooperate with UA requests.</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Six weeks of consecutive clean time. Team recommendation.</p>
(If client does not complete Phase 1 within six months, team will consider program termination.)			
Phase 2	<p>Continued abstinence. Obtain a temporary sponsor. Development of recovery tools/relapse plan. Development of education and/or vocational plans. Progress towards stabilizing lifestyle, housing and employment. Assessment of job readiness. Improved parenting skills. Improved interaction with children. Continue or begin other services as recommended (e.g., individual therapy). Reunification</p>	<p>Bi-weekly Court appearances. Attend treatment including support meetings (AA/NA etc.). Negative UAs. Compliance with Court order. Progress with service plan goals. Visitation with children (consistency & appropriateness). Cooperate with case manager. Cooperate with UA requests.</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Consistent visitation with children. Compliance with sanctions. Team recommendation. No more than two positive UAs. Eight weeks of consecutive clean time.</p>
Phase 3	<p>Continued abstinence. Practicing recovery tools. Relapse plan clearly defined. Completion of aftercare plan with treatment/counselor. Educational and vocational training or employment. Stable parenting skills. Increased visitation with children. Improved interaction with children. No more positive UA's. Graduation</p>	<p>Monthly Court appearances. Attend treatment including support meetings (AA/NA etc.). Secure sponsor. Negative UAs. Compliance with Court order. Progress with service plan goals. Increased unsupervised visitation with children. Cooperate with case manager. Cooperate with UA requests.</p>	<p>Consistent Court appearances. Progress with treatment and program plan goals. Evidence of efforts to obtain housing and/or employment. Consistent visitation with children. Compliance with sanctions. Team recommendations. No more than one positive UA.</p>